

JULY 946

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2810

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EHR	944	21 2/14/91
RESPONSE FORMALITY REVIEW			02/28/01

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions
staple additional sheet here

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